

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3						
4						
5						
6						
7		1				
8						
9						
10		1				
11		1				
12		1				
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	16					

	IND	DEP	IND	DEP	IND
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					